THE DIVISION OF HEALTH OF MISSOURI -59-011385STANDARD CERTIFICATE OF DEATH lth. alfara blic 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF BEATH o. STATE ILLINOIS b. COUNTY MADISON o. COUNTY 300 b. CITY (If outside corporate limits, give TOWNSHIP only) | Inside Limits c. CITY Inside Limits  $S_{T}$ . GRANITE CITY LouisYes U No D Yes D No D TOWN FULL NAME OF (If NOT inhaspital, give location) Length of stay in 1b d. STREET RR Box 1188 Reside on Farm HOSPITAL OR INSTITUTION BARNES HOSPITAL Yes D No D First Middle Last Month Year 4. DATE DECEASED 26 Lee $L_{ARRY}$ SHANNON 1959 (Type or print) DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED 2 9/ 6. COLOR OR RACE last hirthday) Months Down 6-1-1939 MALEWHITE WIDOWED [ DIVORCED 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATLAS TOOL Libertyville. Assembly Line 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leeman Shannon Lillian Proffer Address RRH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gave rise to above cause (a), stating the under-DUE TO (c) iving cause last. PART II. OTHER SIGNIFICANT CONDITIONS CO PLACE OF INJURY (e. g. fin or about home, STATE COUNTY her alive on 21. I attended the deceased from m on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at 22c. DATE SIGNED ZZa. SEGNATURE 22b. ADDRESS 23a. BURIAL, CREMATION. 23d. LOCATION (City, town, or county) REMOVAL (Specify) LIBERTYVILLE CEMETERY KEMOVAL FUNERAL DIRECTOR 25. DATE RECD. BY LOCAL REG. ensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certary that the body whose harde to	recorded on the reverse side of this certificate was t
by me, or by	Student Embalmer No
working under my personal supervision	

Student Signeture of Student Embalmer Signed Springer & Springer

Signature of Student Embalmer

Licensed Embalmer No. 5.0

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITIN to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.